



## Probation Service Definition

ADMINISTRATIVE OFFICE OF PROBATION

SERVICE NAME	Day Treatment <input type="checkbox"/> Adult <input checked="" type="checkbox"/> Juvenile
Category	Mental Health
Setting	Hospital or non-hospital, community-based clinic
Facility License	As required by Nebraska Department of Health and Human (NDHHS) division of public health if in a mental health center, the center must be licensed by the Nebraska Department of Health and Human Services, Division of Public Health.
Service Description	<p>Day treatment services are less intensive than partial hospitalization but more intense than community-based intensive outpatient therapeutic services. Day treatment provides a community-based, coordinated set of individualized behavioral health/psychiatric treatment services to youth who are not able to function full-time in a normal school, work, and/or home environment and need the additional structured activities of this level of care. While less intensive than hospital-based day treatment, this service includes diagnostic, medical, psychiatric, psychosocial, and adjunctive treatment modalities in a structured setting.</p> <p>Day treatment services typically are less medically involved than acute inpatient or partial hospitalization services. Day treatment provides structure for activities of daily living including intensive group, family and individual therapy with essential education and treatment counseling components to allow the youth to apply new skills within real world environments.</p>
Service Expectations	<ul style="list-style-type: none"><li>• An initial diagnostic interview by the day treatment psychiatrist within 24 hours of admission</li><li>• Interdisciplinary bio-psychosocial assessment within 24 hours of admission including alcohol and drug screening and assessment as needed</li><li>• A history and evaluation needs to be present in youth's record within 30 days of admission</li><li>• A treatment/recovery plan developed by the multidisciplinary team integrating individual strengths &amp; needs, considering community, family and other supports, stating measurable goals, including documented discharge and relapse prevention plan completed within 72 hours of admission</li></ul>

	<ul style="list-style-type: none"> <li>• The individual treatment plan is reviewed at a minimum 2X monthly and more often as necessary, updated as medically indicated, and signed by the supervising practitioner and other treatment team members, including the youth being served</li> <li>• Discharge planning begins at the time of admission and includes: next appropriate level of care arrangements, scheduled follow-up appointments and assistance for the youth/family to develop community supports and resources. Consultation with community agencies on behalf of the youth/family.</li> <li>• Medication management</li> <li>• Consultation services available, as needed, for general medical, dental, pharmacology, dietary, pastoral, emergency medical, therapeutic activities.</li> <li>• Laboratory and other diagnostic services, as needed. On-site nursing services are readily available</li> <li>• Individual, group, and family therapy services</li> <li>• School is a normal component of the treatment plan, involvement with school personnel to monitor the ongoing impact of treatment and to facilitate approaches of working with the youth.</li> <li>• Staff must be available to schedule meetings and sessions at a variety of times in order to support family/other involvement for the youth.</li> <li>• Develop and implement a crisis plan for the youth and family.</li> </ul>
<b>Service Frequency</b>	<p>Weekly (1) hour individual session (SU, MH or co-occurring)  Daily group therapy (SU, MH or co-accruing)—up to minimum 7 hours per week—flexibility shall be offered 12 hours per day/7 days per week  Weekly (1) hour family session</p> <p>Providers shall have a minimum of 3 hours per day –a minimum of 5 days per week---days, nights and weekends</p>
<b>Length of Stay</b>	<p>The typical length of stay is up to 3 months. Length of stay is variable depending on presenting psychiatric symptoms and diagnosis but considering its time-limited expectations, a period of 21- 90 days with decreasing attendance hours is typical.</p>
<b>Staffing</b>	<ul style="list-style-type: none"> <li>• Clinical Director (APRN, RN, LMHP, LIMHP, or licensed Psychologist) working with the program to provide clinical supervision, consultation and support to staff and the individuals they serve, continually incorporating new clinical information and best practices into the program to assure program effectiveness and viability, and assure quality organization and management of clinical records, and other program documentation.</li> <li>• Nursing (APRN, RN) (psychiatric experience preferred)</li> </ul>

	<ul style="list-style-type: none"> <li>• Therapist (Psychiatrist, APRN, Psychologist, Provisionally Licensed Psychologist, LMHP, PLMHP, LIMHP) (dual licensure preferable for working with mental health (MH) /substance use disorder (SUD) issues</li> <li>• All staff must currently be licensed in the state of Nebraska and working within their scope of practice</li> <li>• Direct care staff, must have a bachelor's degree or higher in psychology, sociology or a related human service field (preferred).</li> <li>• All staff should be trained in developmentally appropriate rehabilitation and recovery principles</li> </ul>
<b>Staff to Client Ratio</b>	<ul style="list-style-type: none"> <li>• Therapist to youth: 1 to 12; direct care staff to youth: 1 to 6</li> <li>• For therapy session, therapist to youth 1:1; therapist to family 1:1; therapist to group 1:8 youths</li> </ul>
<b>Hours of Operation</b>	May be available 7 days/week with a minimum availability of 5 days/week including days, evenings and weekends to allow time outside of school/work hours for youths and outside of work hours for family.
<b>Service Desired Outcomes</b>	<ul style="list-style-type: none"> <li>• Acute psychiatric, substance use symptoms and sexually harming behaviors are stabilized and daily functioning has improved. The youth no longer meets clinical guidelines for day treatment services.</li> <li>• Sufficient supports are in place and the youth can move into a less restrictive community-based environment.</li> <li>• Medications are managed by the youth independently or with assistance from a community-based support.</li> <li>• Youth is positively demonstrating all skills identified in the treatment plan. Youth is aware and demonstrates skills related to crisis/recovery plan.</li> <li>• Youth and family have support systems secured and crisis plan in place to help maintain stability in the community.</li> </ul>
<b>Unit and Rate</b>	Per hour. One-half day = minimum of 3 hours. Full day = minimum of 5 hours.

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